DOCKET NUMBER: 140264

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if several names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	L STORAGE MASK L	, ,	BRICATION METHOD	
and specific	action of winch is attached in	CICIO OR		
was filed or amended on [date] (if application)		al No. <b>(Serial No.)</b> or PCT In	ternational Application Number [Int'l. App. No.] a	nd was
I hereby state that I have a amendment referred to above		ne contents of the above-ide	entified specification, including the claims, as amo	ended by any
I acknowledge the duty to d	isclose information which is	material to the examination	of this application in accordance with 37 CFR §1.50	6.
breeder's rights certificate(s America, listed below, and	s), or 365(a) of any PCT in have also identified below,	ternational application which by checking the box, any f	(b) of any foreign application(s) for patent or invent in designated at least one country other than the University application for patent, inventor's or plant brother than the application on which priority is claimed:	ited States of
COUNTRY	APPLICATION NUMBER	DATE OF FILING	CERTIFIED COPY ATTACHED	
			☐ Yes ☐ No	
			Yes No	
United States of America, li States application in the m	sted below and, insofar as tanner provided by the first	the subject matter of each of paragraph of 35 U.S.C. §1	), or 365(c) of any PCT International application de the claims of this application is not disclosed in the 12, I acknowledge the duty to disclose material in lication and the national or PCT international filing	prior United nformation as

PARENT FILING DATE	STATUS
	(patent and number, pending, abandoned)
	PARENT FILING DATE

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER(S)	FILING DATE	

As a named inventor, I hereby appoint Practitioners at Customer Number 006147

Henry J. Policinski, (Reg. No. 26, 621), Scott R. Hayden, (Reg. No. 41,821), and Michael M. Gnibus (Reg. No. 38,162) jointly, and each of them severally, as attorney(s) or agents(s), with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent and to transact all business in the Patent and Trademark Office connected therewith.

Address all telephone calls to: Ann M. Agosti

at telephone number (518) 387-7713

I hereby direct that all correspondence and telephone calls in connection with this application be addressed to: Practitioners at Customer Number 006147.

• DECLARATION • • DOCKET NUMBER: 140264

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, statements were made with the knowledge that willfully false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that all such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventor: XIAOLEI (NMN) SHI

Inventor's signature Date: 03-19-2004

Residence: Niskayuna, NY

Citizenship: P.R. China

Post Office Address: 85 Hillcrest Village East, Apt. B4, Niskayuna, NY 12309

Inventor(s): XIAOLEI (NMN) SHI and LAMBERTUS (NMN) HESSELINK

\*DECLARATION DOCKET NUMBER: 140264

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, statements were made with the knowledge that willfully false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that all such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of second joint inventor: LAMBERTUS (NMN) HESSELINK

Inventor's signature

Residence: Atherton, CA

Citizenship: The Netherlands

Post Office Address: 101 Greenoaks Dr., Atherton, CA 94027

Inventor(s): XIAOLEI (NMN) SHI and LAMBERTUS (NMN) HESSELINK